
Medical Policy



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Please reference the appropriate certificate or contract for benefit information. This policy may be updated and is therefore subject to change.

***Current Policy Effective Date: 7/1/26**
(See policy history boxes for previous effective dates)

Title: Microcurrent Electrical Neurostimulation (MENS)

Description

Microcurrent electrical nerve stimulators (MENS) are single-use wearable devices that use low-voltage pulsed microamperage stimulation to act on the body's natural electric current to decrease pain and stimulate the healing process.

Medical Policy Statement

Microcurrent electrical stimulation therapy is experimental/investigational. There is insufficient evidence to determine that the technology results in an improvement in net health outcomes.

Inclusionary and Exclusionary Guidelines

N/A

CPT/HCPCS Level II Codes *(Note: The inclusion of a code in this list is not a guarantee of coverage. Please refer to the medical policy statement to determine the status of a given procedure.)*

Established codes:

N/A

Other codes (investigational, not medically necessary, etc.):

E1399

97014

97032

Background

MENS differs from transcutaneous electrical neurostimulation (TENS) in that TENS uses a higher electric current to block pain transmission. Microcurrent therapy uses extremely tiny electrical currents (amounts of electricity measured in millionths of an ampere, or micro amps, symbolized as μA). It has been theorized that microcurrent therapy helps to relieve pain and heal soft tissues of the body by increasing protein synthesis, stimulating the regeneration of injured tissues, stimulating lymphatic flow and relieving myofascial trigger points. The "microcurrent" designation distinguishes it from regular TENS therapy, which uses currents measured in mA (or milliamps). Typically TENS devices deliver currents up to 80 mA (80,000 μA [micro amps]), but the limit for microcurrents is about 8 mA, (8,000 μA). However, micro-current units may operate well below that, at about 900 μA . Twenty to 500 MicroAmps have been reported to be most effective for tissue regeneration.

Depending on the extent of the damage, it can take months for the regenerative process to be complete using standard therapy (e.g., resting the damaged site, ice). MENS was designed as a physical therapy modality with the intention of shortening the recovery period for musculoskeletal injuries.

Summary of Evidence

Microcurrent electrical neurostimulation (MENS) devices have been FDA-approved for years, yet peer-reviewed research supporting their use for pain relief and musculoskeletal healing remains limited. Because pain assessment is inherently subjective, robust evidence from well-designed randomized controlled trials is required to demonstrate statistically significant benefits. Existing studies are generally small, involve short follow-up periods, and lack direct comparisons between MENS, other electrostimulation modalities, and standard care. Reported outcomes are inconsistent, and meta-analyses have identified a notable placebo effect. Moreover, FDA-cleared microcurrent devices differ in indicated uses and specific parameters, further complicating interpretation. While microcurrent therapy holds promise as a non-pharmacologic option, the current evidence base is insufficient to draw firm conclusions about its safety or clinical efficacy for pain reduction and tissue healing, underscoring the need for large, double-blinded, randomized trials that directly compare it to alternative treatments and placebos. There is insufficient evidence to determine that the technology results in an improvement in net health outcomes.

Rationale

Evidence reviews assess the clinical evidence to determine whether the use of a technology improves the net health outcome. Broadly defined, health outcomes are length of life, quality of life, and ability to function including benefits and harms. Every clinical condition has specific outcomes that are important to individuals and to managing the course of that condition.

Validated outcome measures are necessary to ascertain whether a condition improves or worsens; and whether the magnitude of that change is clinically significant. The net health outcome is a balance of benefits and harms. The following is a summary of the key literature to date.

Although microcurrent therapy devices have been FDA approved for many years, the published peer-reviewed literature on microcurrent electrical neurostimulation, for pain relief and stimulating the healing process in musculoskeletal injuries, is sparse. Objective measures are the standard for conclusions in treatment evaluations. However, pain evaluation relies on subjective data, therefore solid evidence from randomized control trials is needed to verify statistically significant parameter outcomes. Available studies include small populations, short-term follow-ups and lack comparisons of MENS with different electrostimulation devices or standard of care. Conflicting outcomes have been reported throughout the literature and a meta-analysis highlighted the substantial effect of placebo. Large, double-blinded, randomized controlled clinical trials designed to test the effectiveness of microcurrent stimulation, against other electrostimulation methods, placebos and standards of care, in the same populations are lacking. FDA approved devices for microcurrent therapy, proved to differ regarding indications and the modalities that were specific to each unit. Although microcurrent therapy has the potential to be a nonpharmacologic treatment option, further studies are needed. There is insufficient evidence to draw conclusions about the safety and clinical utility of microcurrent electrical nerve stimulation for reducing pain and stimulating the healing process.

Regulatory Status

Multiple products which are capable of microcurrent therapy (many are TENS units) have been FDA approved/cleared for marketing with an indication to promote healing and relieve chronic pain relief. Product code: GZJ

Government Regulations

National/Local:

There is no national or local coverage determination addressing microcurrent electrical neurostimulation. As there is no specific procedure code, requests would be reviewed under individual consideration.

(The above Medicare information is current as of the review date for this policy. However, the coverage issues and policies maintained by the Centers for Medicare & Medicare Services [CMS, formerly HCFA] are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. For the most current information, the reader should contact an official Medicare source.)

Related Policies

- Cranial Electrotherapy Stimulation (CES) and Auricular Electrostimulation
- H-Wave Stimulation
- Interferential Stimulation

- Percutaneous Electrical Nerve Stimulation (PENS) and Percutaneous Neuromodulation Therapy (PNT), and Restorative Neurostimulation Therapy
 - Sacral Nerve Neuromodulation/Stimulation
 - Transcutaneous Electrical Modulation Pain Reprocessing (Scrambler Therapy)
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References

1. Gikaro JM, Bigambo FM, Minde VM, Swai EA. Efficacy of electrophysical agents in fibromyalgia: A systematic review and network meta-analysis. *Clin Rehabil*. 2023 Oct;37(10):1295-1310. doi: 10.1177/02692155231170450. Epub 2023 Apr 20. PMID: 37082791.
2. Gossrau, G., et al., "Microcurrent transcutaneous electric nerve stimulation in painful diabetic neuropathy: a randomized placebo-controlled study," *Pain Med*, Volume 12, Issue 6, 2011, pp. 953-60.
3. Iijima H, Takahashi M. Microcurrent Therapy as a Therapeutic Modality for Musculoskeletal Pain: A Systematic Review Accelerating the Translation From Clinical Trials to Patient Care. *Arch Rehabil Res Clin Transl*. 2021;3(3):100145. PMID: 34589695
4. Koopman, J. S., et al., "Efficacy of microcurrent therapy in the treatment of chronic nonspecific back pain: a pilot study," *Clin J Pain*. Volume 25, Number 6, July-August 2009, pp. 495-499.
5. United States Food and Drug Administration. "510(k) summary. Inspirstar IS02 Microcurrent Stimulator-TENS Device. https://www.accessdata.fda.gov/cdrh_docs/pdf6/K060368.pdf#:~:text=Inspirstar%20IS02%20Microcurrent%20Stimulator%20is%20intended%20to,intractable%20pain.%205.%20Legally%20Marketed%20Predicate%20Devices. Accessed March 26, 2026.
6. Zuim, P. R., Garcia, A.R., et al., 'Evaluation of microcurrent electrical nerve stimulation (MENS) effectiveness on muscle pain in temporomandibular disorders patients," *J Appl Oral Sci*, 2006- Jan;14(1):61-66.

The articles reviewed in this research include those obtained in an Internet based literature search for relevant medical references through March 26, 2026, the date the research was completed.

Joint BCBSM/BCN Medical Policy History

Policy Effective Date	BCBSM Signature Date	BCN Signature Date	Comments
1/1/10	10/29/09	10/13/09	Joint policy established
11/1/12	8/21/12	8/21/12	Routine maintenance. Updated list of related policies
3/1/14	12/10/13	1/6/14	Routine maintenance
5/1/15	2/17/15	2/27/15	Routine maintenance
7/1/16	4/19/16	4/19/16	Routine maintenance Policy retired
7/1/24	4/16/24		Policy unretired (slp) Vendor managed: eviCore and Northwood
7/1/25	4/15/25		Routine maintenance (slp) Vendor managed: eviCore and Northwood
7/1/26	4/21/26		Routine maintenance (slp/fr) Vendor managed: eviCore and Northwood

Next Review Date: 2nd Qtr, 2027

BLUE CARE NETWORK BENEFIT COVERAGE
POLICY: MICROCURRENT ELECTRICAL NEUROSTIMULATION (MENS)

I. Coverage Determination:

Commercial HMO (includes Self-Funded groups unless otherwise specified)	Not covered.
BCNA (Medicare Advantage)	Refer to the Medicare information under the Government Regulations section of this policy.
BCN65 (Medicare Complementary)	Coinsurance covered if primary Medicare covers the service.
Blue Cross Complete of Michigan	Refer to the Medicaid information under the Government Regulations section of this policy.

II. Administrative Guidelines:

- The member's contract must be active at the time the service is rendered.
- Coverage is based on each member's certificate and is not guaranteed. Please consult the individual member's certificate for details. Additional information regarding coverage or benefits may also be obtained through customer or provider inquiry services at BCN.
- The service must be authorized by the member's PCP except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Services must be performed by a BCN-contracted provider, if available, except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Payment is based on BCN payment rules, individual certificate and certificate riders.
- Appropriate copayments will apply. Refer to certificate and applicable riders for detailed information.
- CPT - HCPCS codes are used for descriptive purposes only and are not a guarantee of coverage.